



# NWCS Youth Football Skills Camp

Join NWCS High School football coaches and players for 3 fun evenings of football skills! This camp is **NONCONTACT** and **NO PADS** are needed.

**Dates:**

July 10-12, 2018

5:00-7:00pm

**Grades K-8th (based on 2018-2019)**

**Location:**

NWCS Upper Campus—5104 E. Bernhill Rd. Colbert, WA 99005

**Cost:**

\$30 per participant (to ensure requested t-shirt size, registered by July 1st.)

**Register:**

Registration Form on back

More information available online at <http://nwcs.org/summercamps/>

**Things to Bring:**

Water bottle, snack, and sports specific shoes, if desired.

**Questions?**

Please contact Brian Gardner:  
509-570-4785 [bgardner@nwcs.org](mailto:bgardner@nwcs.org)

**NWC CRUSADER  
YOUTH SKILLS CAMP  
July 10-12, 2018**

Please fill out a separate registration form for each child.

Mail registration form and payment to:

**NWCS**

Attn. Youth Football Skills Camp  
5104 E. Bernhill Rd.  
Colbert, WA 99005

NWCS Youth Football Skills Camp  
T-Shirt Information

*\*Register by July 1st to ensure the t-shirt size you are requesting.*

T-Shirt Size (circle one):

**Youth: YS YM YL YXL**

**Adult: S M L XL XXL**

Participant's Name: \_\_\_\_\_ Grade Year of 2018/2019 \_\_\_\_\_

Payment Amount Enclosed: \_\_\_\_\_

**LIABILITY WAIVER**

**Name of Participant:** \_\_\_\_\_ **Current School:** \_\_\_\_\_

I, \_\_\_\_\_, the undersigned parent/guardian, recognize the inherent dangers associated with playing, running, jumping, and related activities and understand that accidents, which can occur during these activities, can cause serious injury. I hereby waive and release Northwest Christian Schools, the camp directors, and anyone connected with the camp from all liability of injury or death occurring while at the camp. I know of no physical problems, which may affect my child's ability to safely participate in these camps. I authorize the directors and staff to act in their best judgement in any emergency requiring medical attention. As the parent or legal guardian, I authorize the team physician or, in his absence, a qualified physician to examine the above-named child. In the event of injury, this person has the right to administer emergency care and to arrange for any consultation by a specialist, including surgeon, that he/she deems necessary to insure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

All athletic camp students need to be covered by a medical/accident insurance policy. I understand that my child may not participate in summer athletic camps unless he/she is covered by a medical/accident coverage plan. I do accept full responsibility for the cost of treatment for any injury sustained not covered by our family medical insurance while taking part in the athletic camp.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Parents' Home Phone:** \_\_\_\_\_ **Work Phone: (mom)** \_\_\_\_\_ **(dad)** \_\_\_\_\_

**Other Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_